

APPENDIX

Legend

<input type="checkbox"/>	Printed statements. Question prompts.
<input type="checkbox"/>	Printed header.
<input type="checkbox"/>	Function.
<input type="checkbox"/>	Answer choices.

Align Recommended Treatment case your patient best represents.

Please select which Align Recommended Treatment case your patient best represents.
Click all that apply.

Mild Spacing
Moderate Spacing
Mild Crowding
Moderate Crowding
Narrow Arch
Post-orthodontic Relapse

Print patient's information

- A Doctor's Name
- B Street Address
- C City, State, Zip
- D Phone
- E email
- E1 FAX
- E2 Contact Person

- F Patient's Name
- G Age
- H Gender
- H1 Chief Concern

!!! **Calculate patient's age.** Print patient's age.

Print patient's sagittal relationship

- I Right Canine Sagittal relationship

2	Full Class II
5	End on Class II
7	2 mm Class II
8	1 mm Class II
9	Solid Class I
10	1 mm Class III
11	2mm Class III
13	End on Class III
16	Full Class III

- J Left Canine Sagittal relationship

2	Full Class II
---	---------------

005240-232/5960

005240-23625960

5	End on Class II
7	2 mm Class II
8	1 mm Class II
9	Solid Class I
10	1 mm Class III
11	2mm Class III
13	End on Class III
16	Full Class III

K Upper midline to facial midline

Centered	
Displaced right	Enter millimeters
Displaced left	Enter millimeters

L Lower midline to facial midline

Centered	
Displaced right	Enter millimeters
Displaced left	Enter millimeters

M Upper arch length discrepancy

None	
Spacing	Enter millimeters
Crowding	Enter millimeters

N Lower arch length discrepancy

None	
Spacing	Enter millimeters
Crowding	Enter millimeters

O Upper incisor torque

Normal
Proclined
Retroclined

P Lower incisor torque

Normal
Proclined
Retroclined

P1 Transverse relationship

Upper and lower in good relationship
Maxilla is narrower
Mandible is narrower

Q Missing teeth

Indicate on grid	

R Crowns/bridges/facial restorations

Indicate on grid	

R1 Tooth size discrepancy

Indicate teeth on grid	

005340"20245560

R2 Ankylosed/impacted teeth

Indicate teeth on grid	

R3 CR/CO shift?

No
Yes

!!! If R3="Yes" then Print "Please note that Align currently only recommends treatment from the CO position."
[Redacted]

R2 Treat arches

Both
Upper only
Lower only

R3 For limited treatment treat at least

Indicate teeth on grid	

S Right Canine Sagittal Relationship

0	Maintain
2	Full Class II
5	End on Class II
7	2 mm Class II
8	1 mm Class II
9	Solid Class I
10	1 mm Class III
11	2mm Class III
13	End on Class III
16	Full Class III

!!! If S=0 or if S-I=0 then go to V

[Redacted] Print "The Invisalign System is not currently recommended for such a large sagittal change. Please attempt a smaller change." [Redacted]
!!! If ABS (S-I) > 3 then Go to S

!!! If R2="Lower only" and S-I > 0 then Print "Sagittal cannot be changed with out treating upper."

!!! If R2="Lower only" and S-I < or = 0 then Go to U

!!! If R2="Upper only" and S-I < 0 then Print "Sagittal cannot be changed with out treating lower."

!!! If R2="Upper only" and S-I > or = 0 then Skip U

T If I-S < 0 then Achieve sagittal change by
Check all that apply

Distalize upper molars
Lower posterior interproximal reduction
Upper posterior interproximal reduction

U

**Achieve sagittal change
by**

Distalize lower molars

Lower posterior interproximal reduction

Upper posterior interproximal reduction

V

0 Maintain

2/Full Class II

5 End on Class II

72 mm Class II

81 mm Class II

9 Solid Class I

101 mm Class III

112mm Class III

13 End on Class III

16 Full Class III

11

print "The Invisalign System is not currently recommended for such a large sagittal change. Please attempt a smaller change."

Go to V

19

Print "Sagittal cannot be changed with out treating upper."

Go to W

91

Print "Sagittal cannot be changed with out treating lower."

Skip X

w

**Achieve sagittal change
by**

Distalize upper molars

Lower posterior interproximal reduction

Upper posterior interproximal reduction

X

**Achieve sagittal change
by**

Distalize lower molars

Lower posterior interproximal reduction

Upper posterior interproximal reduction

Y

**Eliminate upper spacing
by**

Maximum anchorage (Retract anteriors)

Reciprocal closure

Minimum anchorage (Protract molars)

00557362-04300

AB	If M = "Crowding" then	Reduce upper crowding by Check all that apply	<input type="checkbox"/> Torque anteriors <input type="checkbox"/> Expand posteriors <input type="checkbox"/> Interproximal reduction
AC	If N = "Crowding" then	Reduce lower crowding by Check all that apply	<input type="checkbox"/> Torque anteriors <input type="checkbox"/> Expand posteriors <input type="checkbox"/> Interproximal reduction
			<input type="checkbox"/> Extract lower incisor
AD	If N = "Spacing" then	Close spaces with Check all that apply	<input type="checkbox"/> Maximum anchorage (Retract anteriors) <input type="checkbox"/> Reciprocal closure <input type="checkbox"/> Minimum anchorage (Protract molars)
!!!	If P1 = "Upper and Lower in good relationship" and either AA or AB = "expand posteriors" but not both, then print "You must expand both arches, or neither, to preserve transverse"		
AE	If R1 has information then	Relieve tooth size discrepancy by	<input type="checkbox"/> Leave space
		check all that apply	<input type="checkbox"/> Interproximal reduction
AF		Curve of Spee	<input type="checkbox"/> Level (may require attachments) <input type="checkbox"/> Maintain
!!!	If AF = Maintain and S-I not = and V-J not 0 then Print "A less than flat Curve of Spee may prevent achieving sagittal correction."		
AG	If P1 = "Maxilla Narrower" then	Correct transverse relationship by	<input type="checkbox"/> Expand maxilla
AH	If P1 = "Mandible Narrower" then	Correct transverse relationship by Check all that apply	<input type="checkbox"/> Constrict maxilla <input type="checkbox"/> Expand mandible
AI	Special instructions	<input type="text"/> Free form text box	

AJ Will the patient object if attachments are placed?

(Align will place them only as needed.
Results may be compromised if not
used.)

Please don't use attachments.

Attachments are fine.

AK Has this patient's case been shipped to Align before?

Yes

No

AJ Aligner shipment timing

PreCheck (sets 1-3 arrive in 6 weeks, prior to ClinCheck approval)
Standard (sets 1-12 arrive in 8 weeks)

00557382 04300